

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097831122	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			↓	1	↓		↓
TOTAL DEP.			↓	3	↓		↓
TOTAL CLAIMS			4	4	4		4

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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